



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
765 ASYLUM AVENUE, HARTFORD, CT 06105
(860) 713-2512

COMMERCIAL FERTILIZER REGISTRATION APPLICATION

CT Registration
Number FT- _____ **Page 1 of 2**
☐ New
☐ Renewal
Registration
Expiration: 6/30/2004

Application is hereby made in accordance with and subject to the provisions of Connecticut General Statutes Sections 22-111a through 22-111q, for registration of commercial fertilizer. All registrations shall expire on June thirtieth of each year. The registration renewal period shall be from July 1st through June 30th following, inclusive. Payment of registration fee of fifteen dollars (\$15.00) per major and minor element for each brand and grade listed on this application, provided the cost for each registration shall not exceed ninety dollars (\$90.00) per individual product, must accompany this application. Please make check payable to: "Commissioner of Agriculture"

NOTE: New and Renewal Applications cannot be processed if: required payment is not submitted with the application; and/or the application is incomplete; and/or the Federal Employer Identification Number is not provided. Incomplete applications and submitted payment will be returned for completion and resubmission.

Please Print or Type										Federal Employer Identification Number: _____														
COMPANY NAME										TELEPHONE NUMBER														
MAILING ADDRESS					TOWN / CITY					STATE					ZIP CODE					NAME OF CONTACT PERSON				
IF REGISTERING PRODUCTS ON BEHALF OF ANOTHER COMPANY, NAME AND ADDRESS OF THAT COMPANY																								
LIST ONLY NEW PRODUCTS		Total	Avail	Solu	Ca	Mg	Sul	B	Co	Mo	Cl	Cu	Fe	Mn	Na	Zn								
<u>BRAND NAME</u>	<u>PRODUCT NAME</u>	<u>N</u>	<u>Phos. P2 O5</u>	<u>Potas. K2 O</u>																				
<input type="checkbox"/> ADDITIONAL NEW PRODUCTS LISTED ON REVERSE SIDE																								
Total Number Elements This Application _____					Total Number of Elements Calculated @ \$15.00 per element - with a MAXIMUM OF \$90.00 EACH PRODUCT _____										Total Fee Enclosed \$ _____					.pdf				
PLEASE RETURN: [1] Completed Application, [2] One Label or facsimile of proposed label for each New Or Revised Product Only															THIS AREA FOR OFFICE USE ONLY:									
[3] Product Listing (Renewal Applications Only) with Corrections/Deletions Noted in Red, [4] Check Payable to "Commissioner of Agriculture" for New and/or Renewal Product Registration Fees. MAIL TO: Connecticut Department of Agriculture, Attn: Licensing, 765 Asylum Avenue, Hartford, CT 06105.																								
I HEREBY CERTIFY THAT: 1. The information appearing on the labels or facsimiles for these products is true and correct in every respect; 2. This application is made for and on behalf of the named company above; 3. Submitted as part of this application is one (1) label (or facsimile of proposed label) for each new or revised product only.																								
(Print Name Of Applicant)					(Signature Of Applicant)					(Title)					(Date)					Date Processed _____				
																				Transmittal Number TS _____				

NEW PRODUCTS TO BE REGISTERED BRAND NAME	PRODUCT NAME	Total N	Avail P2 05	Solu K2 0	Ca	Mg	Sul	B	Co	Mo	Cl	Cu	Fe	Mn	Na	Zn